

Remote Monitoring and Interrogation for Cardiovascular Electronic Implantable Devices (CEIDs):

The New Standard of Care

Adapted from the 2015 HRS Expert Consensus Statement on Remote Interrogation and Monitoring for Cardiovascular Electronic Implantable Devices

Editor: David Slotwiner, MD, FHRS

Reviewed by the 2016 HRS Education Programs and Service Subcommittee

Remote Monitoring (RM)— The New Standard of Care

1. Safety

a. RM is safe and effective (TRUST, COMPAS)

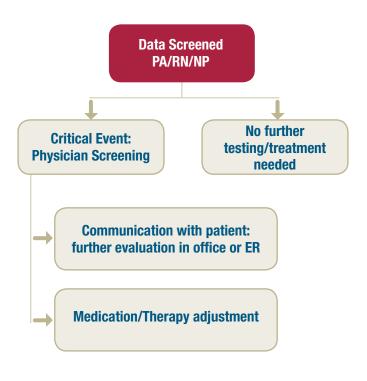
2. Early Event Detection

- a. Fewer shocks and increased battery longevity (ECOST)
- b. Accurate detection of atrial fibrillation
- c. Fewer ER visits and shorter hospitalizations (COMPAS, CONNECT, EVOLVO)
- d. Early detection of heart failure (IN-TIME)

3. Improved Survival

 a. The degree of benefit corresponds with the degree of adherence to RM (ALTITUDE, IN-TIME, MERLIN)

Device Clinic Workflow

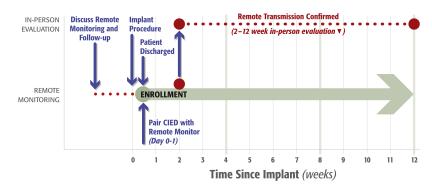


Patient Education

Explain benefits	Daily monitoring of device function and arrhythmia detection
	Complements in-person visits
Set expectations	Device clinic receives RM interrogations during business hours (e.g. 5 days/week; 9 a.m. to 5 p.m.)
	RM is not an emergency response system
	What happens if an abnormal value is detected by RM
Review patient responsibilities	Keep contact information up to date
	Advise clinic of other health care providers to whom reports should be communicated
	Maintain the function of the transceiver (keep it plugged in)
	Comply with scheduled in-person visits
	If instructed by device clinic, return for in-person evaluation
	Inform clinic of extended travel

Initiation at the Time of Implant

- RM should be initiated at the time of CIED implant.
- Patients should be informed if the device is transmitting appropriately at the postoperative wound check.
- Immediate feedback following CIED implant gives the patient confidence in the process and reinforce the essential role that RM will serve during the lifecycle of their CIED.



▼ Interim report generation & communication with other health care providers, including heart failure data.

Source: 2015 HRS Expert Consensus Statement of Remote Interrogation and Monitoring for Cardiovascular Electronic Implantable Devices.

Supported in part by Medtronic, St. Jude Medical, and Boston Scientific.



1325 G Street NW, Suite 400 Washington, DC 20005

www.HRSonline.org